ANDREW JOYCE – JOYCE FUNERAL HOME REIMBURSEMENT CLAIM FORM

INSTRUCTIONS: To initiate a claim, please provide the following requested information and include as much detail as possible. To support your claim, please include all supporting documents requested, if available. A claim may be submitted even though you may not be able to complete all requested information. A separate claim form must be submitted for each beneficiary. Claim forms are due on or before **November 7, 2022**.

Submit claim via mail to: Iowa Insurance Division 1963 Bell Ave. Ste. 100, Des Moines IA 50315, ATTN: Connie Dykstra	Submit claim via fax to: 515-654-6500 ATTN: Connie Dykstra	Submit claim via email to: connie.dykstra@iid.iowa.gov

Are you filing this claim for: Yourself ☐ (If completing for yourself, complete only pages 1-2)

Someone Else ☐ (If completing for someone else, complete pages 1-3)

Section 1: Your Information

First Name _____

Last Name _____

Address 1 _____

Address 2 _____

City _____

State _____

Zip Code _____

Preferred Method of Contact: Email ☐ Mail ☐ Phone ☐

Phone _____

Email _____

Section 2: Claim Information

Dollar Amount Being Claimed $_____

Identify each item purchased from Andrew Joyce – Joyce Funeral Home that was not provided or funded. Detailed information on those selected will be requested on the next page.

Preneed Funeral Arrangements ☐

Cemetery Marker (Headstone/Monument) ☐

Final Engraving on Marker (Headstone/Monument) ☐

Other ☐

Payment Method Used to Purchase Items Not Provided or Funded

Provide as much detail regarding the payment method used to purchase the items not provided or funded. If more than one payment was made, list each payment separately.

Payment Type	Date of Payment	Amount of Payment
	____/____/_____	$
	____/____/_____	$
	____/____/_____	$
	____/____/_____	$
	____/____/_____	$

Please include copies of the front and back of checks, credit card statements, and receipts, if available.

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Details of Items Not Provided or Funded

Section 3: Preneed Funeral Arrangements

Date of Preneed Contract ____/____/_____
Amount of Preneed Contract $_____
Date Funeral Goods and Services Were Selected ____/____/_____
Please include a copy of the Preneed Contract and/or Selection of Funeral Goods and Services, if available.

Section 4: Cemetery Marker (Headstone/Monument)

Date of Marker Purchase ____/____/_____
Amount of Marker Purchase $_____
Name of Individual Who Purchased the Marker _____
Name of Individual on the Marker _____
Name of Cemetery Where Marker Was to be Placed _____
Location of Cemetery _____
Please include a copy of the Contract and/or Billing Statement, if available.

Section 5: Final Engraving on Marker (Headstone/Monument)

Date on Statement of Goods and Services ____/____/_____
Date of Payment for Final Engraving ____/____/_____
Amount of Payment for Final Engraving $_____
Final Engraving was: (Select one)

        Paid for as part of the preneed funeral arrangement ☐
        Paid for at the time of death ☐

Please include a copy of the Statement of Goods and Services and/or Billing Statement, if available.

Section 6: Other

Please provide details, including description of the item, date, amount, etc.
_____
_____
_____
_____
Please include supporting documentation related to the items described above.

Acknowledgement

By signing my name below, I affirm that the information provided is true, accurate, and complete to the best of my knowledge and am owed money or filing on behalf of an individual that is owed money. I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.

Full Legal Name
X_____ Date ____/____/_____

Please complete page 3 if you are submitting this claim for someone else

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Complete this page only if you are submitting this claim for someone else

Section 7: Beneficiary/Purchaser Information

Beneficiary First Name   _____

Beneficiary Last Name   _____

Address 1   _____

Address 2   _____

City   _____

State   _____

Zip Code   _____

Preferred Method of Contact: Email ☐   Mail ☐   Phone ☐

Phone   _____

Email   _____

Is this beneficiary deceased?   No ☐   (If no, complete Section 8)

                                   Yes ☐   (If yes, complete Section 9)

Date of Death   ____/____/_____

Name of Funeral Home that Serviced the Funeral   _____

Section 8: Financial Power of Attorney

Do you have Financial Power of Attorney?   Yes ☐   No ☐

If yes, please include a complete copy of the Financial Power of Attorney documents.

Section 9: Executor of the Estate

Executor of the Estate   _____

Address 1   _____

Address 2   _____

City   _____

State   _____

Zip Code   _____

Preferred Method of Contact: Email ☐   Mail ☐   Phone ☐

Phone Number   _____

Email   _____